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GUEST EDITORIAL

The World Federation of Surgical Oncology

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In a forward-looking editorial in 1979 [1], Walter Lawrence debated the question: "Is surgical oncology really a specialty?" I remember reading the editorial with a growing dichotomy of opinion. As a fully trained general surgeon with wide experience concerning the varied operations that come within the ambit of the general surgeon, I could empathise easily with the viewpoint that the surgical treatment of cancer demanded regional familiarity but not separate operative specialisation. However, my interest in the subject of malignant disease, stimulated many years previously by my revered chief and mentor, Ian Aird, suggested that to deal comprehensively and adequately with cancer required specialist knowledge of the subject. As the years have passed, I have become totally convinced of this.

Twenty years ago, those surgeons with a predominant interest in malignant disease fashioned their careers individually, without a framework of official surgical approval. Much depended upon linkages forged with colleagues with similar interests and the local support of senior members of the profession. Participation in cancer research, essential for obtaining the necessary insight into the special problems of malignant disease, depended greatly upon the pioneer spirit and a degree of innocence about the qualifications necessary to pursue such research realistically. Fortunately for those surgeons imbued with the urge to involve themselves in this type of work, the treatment of most cancers was accepted as being predominantly a surgical matter in those days. Financial support was forthcoming, therefore, from sources that in later years were much less available to surgeons.

Oncology as a word had come into usage in Europe some years before the editorial by Walter Lawrence in 1979, but that usage was still only fragmentary. I remember being impressed and indeed envious of Lawrence's work address, namely, the Division of Surgical Oncology at the Medical College of Virginia. There were no designated Departments of Surgical Oncology in Britain and only a limited number elsewhere in Europe at that time. The introduction of the term "oncology" into the medical nomenclature in most nations led to the establishment of Medical Oncology and Radiological Oncology as recognised specialties. Radiotherapy had been established as a distinct discipline for many decades. However, the additional term "Oncology" produced a new assertiveness and assisted Departments of Radiotherapy to obtain academic titles. It also encouraged radiotherapists to become strong candidates for directing the new emerging Departments of Clinical Oncology. Cancer surgeons, especially those with academic aspirations, undoubtedly were at a marked disadvantage in this new cultural oncological environment. Surgical oncology remained ill-defined and without material organisation.

In a recent issue of the *British Medical Journal,* Court [2] reports on a document produced by the Imperial Cancer Research Fund, entitled "Vision of a Golden Age," in which that cancer charity looks to the future. In it there is reference to the future role of surgeons as "highly skilled technicians." The composers of the report are described as "30 leading scientists and doctors." I am sure the reference to surgeons was not meant to be derogatory and perhaps surgeons have only themselves to blame for the implied image. To me, however, the words revealed a lack of understanding of the vital role of properly trained surgical oncologists in the management of malignant disease. Surgeons must retain the responsibility for making the major decisions concerning most patients with the common organ cancers, for whom adequate surgery still represents the real hope of cure. This latter sentiment clearly has support elsewhere. When attending the recent board meeting of this journal in New Orleans, I had the opportunity to glance at the daily newsheet provided during the annual meeting of the American College of Surgeons. A preview of a lecture to be delivered by Dr. Murray Brennan made reference to being concerned with "the importance of surgical leadership in the management of the cancer patient." It was a lecture that I would very much have liked to have heard.

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It is problematical, but not beyond belief, that surgery would have been reduced to a purely technical role by the evolving changes in the administration of cancer services, but for a single vital development. Recognition of the dedicated and often very experienced interest by many surgeons in oncology, came with the formation of National Societies of Surgical Oncology. During the past 20 years, some 25 countries have established a national surgical oncology organisation. These represent in excess of 5,000 surgeons throughout the world. Membership continues to grow. The British Association of Surgical Oncology, estabished in 1972, has accepted 80 new members in 1995.

These organisations provide the platform essential for specialist debate and discussion on the subject of oncology as related to surgical practice. They are able to pass down to the younger members the experience and expertise of previous generations of cancer surgeons and provide understanding of what surgery can achieve. They have been instrumental in continuing to place surgery in the forefront of treatment of most common cancers. Even in the doubtful field of cytotoxic chemotherapy, the most effective method of destroying cancer cells by drugs, namely regional intra-arterial chemotherapy, has been surgically led. This has been reflected in the increasing number of contributions on this topic in the now numerous surgical oncology journals initiated by the societies.

Apart from the services for their members, the surgical oncology societies have provided essential links between the surgical fraternity and other oncological organisations, both national and international. For example, most of the surgeons who participate in the affairs of the prestigious International Union Against Cancer, are leading members of their own national surgical oncology society. Societies have also used their considerable influence to curb some of the more dubious unorthodox approaches to the treatment of cancer, which unfortunately are rife throughout the world. The cancer patient is an easy victim for the charlatan.

Despite the undoubted beneficial influence of the national surgical oncology organisations, official recognition has been slow in coming in most countries. Although generally welcomed by other nonsurgical cancer societies, they have received a mixed reception from colleague surgeons, although this attitude has softened gradually. Surprisingly, despite their profound experience, senior members have been employed only in a limited administrative capacity by many governments, for whom the term "oncology" has appeared to be more appropriate to radiotherapists and cancer physicians than to surgeons. None of this, however, detracts from the achievements of the societies, but the future has to be planned carefully.

Many other national specialist societies in all branches of medicine have co-operated to form international federations, which now act as umbrella organisations for the various specialties concerned. The World Federation of Surgical Oncology Societies (WFSOS) was established in 1992 at a meeting in London, following a number of preliminary meetings between representatives of various national societies. The federation now represents 25 national bodies and has the declared aim of emphasising internationally the central role of surgery in the management of most common cancers. It has no wish to be confrontational, but it believes the aim to be essential for future generations of patients with malignant disease.

The federation consists of a council that contains representatives nominated by all the participating societies. The council meets annually. The administrations of the federation is entrusted to an executive committee, the members of which are elected by the council. The executive committee contains the usual officers and is led by a president who serves as such for three years. The current president, who took office in July of last year, is Professor Donald Morton, of Santa Monica, California.

After much debate, the federation has produced a definitive constitution that embraces all its aims and by-laws. As well as the ambition expressed above, the federation wishes to provide and facilitate collaboration between established national surgical oncology societies, as well as encouraging and assisting the formation of new ones. It will disseminate information concerning surgical oncology internationally and wishes to collaborate fully with other non-surgical national and international cancer organisations.

The federation recognises only too clearly that surgery can re-establish its central role only if it fulfils an essential obligation. In the modern era of oncology, surgeons responsible for treating patients with cancer must receive adequate training in all aspects of oncology. Worrying evidence of the need for this appeared in an article by Sloan and colleagues [3] in the *Annals of Surgical Oncology*. In a comprehensive analysis of both medical students and postgraduate surgical residents, it concluded that "they were not receiving adequate training in diagnosing and treating important problems in surgical oncology." Cancer surgeons must be provided with the necessary environment within which to pursue their work. This latter must include full facilities for the academic surgeon and a much increased role in the administration of cancer services.

The above clearly is a formidable challenge for many nations, but the federation has pledged to encourage the acceptance of surgical oncology as a recognised specialty throughout the world, with all the ramifications that entails. To achieve this ambition, the federation will need to be advised and guided by the individual national societies and the signs are encouraging. The recently elected president of the British Association of Surgical Oncology, Professor Irving Taylor, observed in his recent newsletter to members that his personal belief is that "surgical oncol-

ogy is gradually becoming recognised as a sub-specialty of general surgery in its own right." He also observed that at last: "consultant posts in Britain are being advertised where appropriate as General Surgeons with an interest in Surgical Oncology."

The challenge is considerable, but the ultimate prize is the assurance that all patients with malignant disease will receive the most informed surgical opinion possible. The contributions made by surgeons in the treatment of cancer during this century have been massive and must not be underestimated nor forgotten. In an era when cancers of all types are being diagnosed earlier than ever before, it is essential that the highest standards of curative cancer surgery are maintained.

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